

PTO/SB/82 (04-05)

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# **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/848,893
Filing Date	05/01/2001
First Named Inventor	Barry Schwab
Art Unit	2132
Examiner Name	Unger, Daniel M.
Attorney Docket Number	600-003

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Offices of John Chupe and Associates, PC			
Address	28536 Orchard Lake Road, Suite 60			
City	Farmington Hills	State	Michigan	Zip 48334
Country	USA			
Telephone	248-324-7787	Email	patentlaw@techprotest.com	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

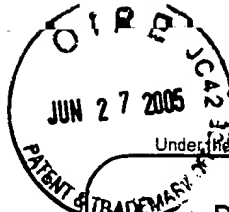
Signature	<i>Barry Schwab</i>		
Name	Barry Schwab		
Date	6/23/2005	Telephone	(248) 661-2717

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/846,933
Filing Date	05/01/2001
First Named Inventor	Barry H. Schwab
Title	SECURE INTERACTIVE DIGITAL SYSTEM FOR DISPLAYING ITEMS TO A USER IDENTIFIED AS HAVING PERMISSION TO ACCESS THE SYSTEM
Art Unit	2131
Examiner Name	Not Known /Unassigned
Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
John G. Chupa	33,483

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of John Chupa & Associates, P.C.			
Address	28535 Orchard Lake Rd., Ste. 50			
Address				
City	Farmington Hills	State	Michigan	Zip 48334
Country	United States			
Telephone	(248) 324-7787	Fax	(248) 324-7784	

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Barry H. Schwab		
Signature			
Date	05/07/2004	Telephone	(248) 324-7787

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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